

REPORT OF RECEIPTS AND DISBURSEMENTS

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2008 OCT 14 A 9:56

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) AMERICAN ASSOC. FOR MARRIAGE AND FAMILY THERAPY COMMITTEE FOR THE ADVANCEMENT OF MARITAL & FAMILY THERAPY	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1133 15TH STREET, N.W., SUITE 300	2. FEC IDENTIFICATION NUMBER C00198259
CITY, STATE and ZIP CODE WASHINGTON, DC 20005-2714	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>07-01-2000</u> through <u>09-30-2000</u>		This Period	Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 <u>AS OF 07-01-2000</u>			\$ 2,374.93
(b) Cash on Hand at Beginning of Reporting Period		\$ 2,374.93	
(c) Total Receipts (from Line 19)		\$ 1,346.79	\$ 1,346.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 3,721.72	\$ 3,721.72
7. Total Disbursements (from Line 30)		\$ 33.00	\$ 33.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 3,688.72	\$ 3,688.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **JOHN P. AMBROSE**

Signature of Treasurer
John P. Ambrose

Date
10-12-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X

(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN ASSOC. FOR MARRIAGE AND FAMILY THERAPY
COMMITTEE FOR ADVANCEMENT OF MARITAL AND FAMILY THERAPY

REPORT COVERING PERIOD
 FROM 07-01-2000 TO: 09-30-2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)			11(a)(ii)
ii. Unitemized			11(a)(iii)
iii. Total (add i and ii) >			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) >			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.) <u>BANK INTEREST</u>	3.79	3.79	18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,346.79	1,346.79	20
20. Total Federal Receipts (subtract line 18 from line 19) >	1,346.79	1,346.79	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a ii, a ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) >			29
29. Other Disbursements <u>BANK FEES</u>	33.00	33.00	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	33.00	33.00	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	33.00	33.00	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 5
FOR LINE NUMBER 119 & 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
COMMITTEE FOR THE ADVANCEMENT OF MARITAL AND FAMILY THERAPY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>SUNTRUST BANK</u> <u>1445 NEW YORK AVENUE, N-W</u> <u>WASHINGTON, DC 20005-2108</u>	<u>INTEREST EARNED</u>	<u>09-01-2000</u> TO <u>09-30-2000</u>	<u>\$ 3.79</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>AUDREY BERNSTEIN</u> <u>298 PUTTING GREEN ROAD</u> <u>TRUMBULL, CT 06611</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>09-22-2000</u>	<u>\$ 25.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>DR. HOWARD BLUMENFELD</u> <u>5636 GENTRY AVENUE</u> <u>VALLEY VILLAGE, CA 91607</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>09-25-2000</u>	<u>\$ 18.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>SCOTT A. CAVIARS</u> <u>5610 CRAWFORDVILLE ROAD, SUITE 803</u> <u>INDIANAPOLIS, IN 46224</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>09-28-2000</u>	<u>\$ 25.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>MICHAEL CHAFIN</u> <u>1708 PEACHTREE ST, NW, SUITE 505(W)</u> <u>ATLANTA, GA 30309-2115</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>09-22-2000</u>	<u>\$ 50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>DINA S. COBLE</u> <u>1505 E. 6TH STREET</u> <u>GREENVILLE, NC 27658-2810</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>09-25-2000</u>	<u>\$ 50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<u>STEPHEN EDWARDS</u> <u>10130 CAUSEWAY BLVD.</u> <u>TAMPA, FL 33619-6608</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>09-26-2000</u>	<u>\$ 50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$ 221.79

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 5
FOR LINE NUMBER 110. & 17

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NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
COMMITTEE FOR THE ADVANCEMENT OF MARITAL AND FAMILY THERAPY

A. Full Name, Mailing Address and ZIP Code DR. ELIZABETH A. HARVEY 2630 NW 41ST ST., D-3 GAINESVILLE, FL 32606	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-26-2000	Amount of Each Receipt this Period \$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code LINDA RUTH HAYSWORTH 2557 CEDAR LAKE KINSTON, NC	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-22-2000	Amount of Each Receipt this Period \$ 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code ROSE E. HOLLIS 790 CARDINAL ROAD NEW BERN, NC 28562	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-22-2000	Amount of Each Receipt this Period \$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code PEG MCCAW FINAN 220 RIVER COURT PARKWAY ATLANTA, GA 30328	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-22-2000	Amount of Each Receipt this Period \$ 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code DR. GAIL L. GARBERT 628 ASBURY AVENUE EVANSTON, IL 60202	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-22-2000	Amount of Each Receipt this Period \$ 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code ELAINE C. GIBSON 1030 EDGEWATER DRIVE ATLANTA, GA 30328-3512	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-22-2000	Amount of Each Receipt this Period \$ 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code PAULA J. GORELKIN 2476 SUMMEROAK DRIVE TUCKER, GA 30084	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-22-2000	Amount of Each Receipt this Period \$ 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			

GUBTOTAL of Receipts This Page (optional)

\$ 350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 5
FOR LINE NUMBER 110 & 17

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
COMMITTEE FOR THE ADVANCEMENT OF MARITAL AND FAMILY THERAPY

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GLORIA LACK 12 SYLVIA LANE NEW HYDE PARK, NV 11040-1922 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CONTRIBUTION BY INDIVIDUAL Occupation:	09-26-2000	\$10.00
CHERYL H. LITZKE 1505 KACE ST, N15 905 PHILADELPHIA, PA 19102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CONTRIBUTION BY INDIVIDUAL Occupation:	09-25-2000	\$50.00
ROBERT R. MCC GILCHRIST 5009 95TH AVENUE, SW SEATTLE, WA 98126-2801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CONTRIBUTION BY INDIVIDUAL Occupation:	09-22-2000	\$25.00
CAROLE A. MERSBOTH 3703 CAMINO DEL RIO S, STE 200 SAN DIEGO, CA 92108 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CONTRIBUTION BY INDIVIDUAL Occupation:	09-26-2000	\$100.00
DR. ROBERT M. MIRELL 892 COMMONS WAY TONS RIVER, NJ 08755 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CONTRIBUTION BY INDIVIDUAL Occupation:	09-26-2000	\$50.00
EMILY H. MITCHELL 206 NASHOBA ROAD CONCORD, MA 01742 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CONTRIBUTION BY INDIVIDUAL Occupation:	09-26-2000	\$25.00
DR. CLAY NEWELL 20 LANCASTER ROAD BIRMINGHAM, AL 35209-4116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CONTRIBUTION BY INDIVIDUAL Occupation:	09-22-2000	\$75.00

SUBTOTAL of Receipts This Page (optional)	\$ 335.00
TOTAL This Period (last page this line number only)	\$ 335.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 5
FOR LINE NUMBER 119 & 17

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NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
COMMITTEE FOR THE ADVANCEMENT OF MARITAL AND FAMILY THERAPY

A. Full Name, Mailing Address and ZIP Code GEORGIA A. NICKLES 5865 CHELSEA WOOD DRIVE DULUTH, GA 30136	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation	Date (month, day, year) 09-22-2000	Amount of Each Receipt This Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code RENÉE P. NOLDS 128 DERBYSHIRE DRIVE HENDELSVILLE, NC 28792-2964	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation	Date (month, day, year) 09-22-2000	Amount of Each Receipt This Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code DR. GWENETH RAE UNIVERSITY OF RHODE ISLAND 2 COVER COLLEGE ROAD KINGSTON, RI 02881	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation	Date (month, day, year) 09-26-2000	Amount of Each Receipt This Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code LINDA M. RHO 155 GRANADA ST., SUITE N CAMBRILLO, CA 93010	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation	Date (month, day, year) 09-22-2000	Amount of Each Receipt This Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code DR. JEFFREY A. ROEMER 2009 WINSTON AVENUE LOUISVILLE, KY 40205-2535	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation	Date (month, day, year) 09-26-2000	Amount of Each Receipt This Period \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code JUDITH A. SHULTZ 5114 RANDALL STREET CULVER CITY, CA 90230	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation	Date (month, day, year) 09-26-2000	Amount of Each Receipt This Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code DR. MORRIS TAGGART 8315 BRAESDALE LANE HOUSTON, TX 77071-1227	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation	Date (month, day, year) 09-26-2000	Amount of Each Receipt This Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$265.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER 110 & 17

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NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
COMMITTEE FOR THE ADVANCEMENT OF MARITAL AND FAMILY THERAPY

A. Full Name, Mailing Address and ZIP Code SHARON VEA P.O. BOX 1212 KOLCO, HI 96756	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-22-2000	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code DR. PATRICIA A. VEDDER 608 N GREENE STREET GREENSBORO, NC 27401	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-26-2000	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code CHRISTINE WALKER 30 SOUNDVIEW DRIVE EASTON, CT 06612	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-22-2000	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code ARAZO WOODRUFF 1318 SHANNON ROAD NORRIS, IL 61761	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-26-2000	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code DR. MICHAEL YAPCO 993.A LOMAS SANTA FE DR. (W) SOLANA BEACH, CA 92075-2135	Name of Employer CONTRIBUTION BY INDIVIDUAL	Date (month, day, year) 09-25-2000	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

\$ 175.00

TOTAL This Period (last page this line number only)

\$ 1,346.79

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full) *AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY*
COMMITTEE FOR THE ADVANCEMENT OF MARITAL AND FAMILY THERAPY

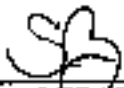
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>SUN TRUST BANK 1445 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005-2108</i>	<i>BANK SERVICE FEES</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>07-01-2008 TO 09-30-2008</i>	<i>\$33.00</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	<i>\$ 33.00</i>
TOTAL This Period (last page this line number only)	<i>\$ 33.00</i>

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/12/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	10/14/00 DATE PREPARED